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SENATE BILL 428

48TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2007

INTRODUCED BY

Dede Feldman

AN ACT

RELATING TO HEALTH COVERAGE; ELIMINATING THE WAITING PERIOD FOR THE SMALL EMPLOYER HEALTH CARE COVERAGE PROGRAM; RECONCILING MULTIPLE ENACTMENTS OF THE SAME SECTION OF LAW IN LAWS 2005.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. Section 10-7B-6.1 NMSA 1978 (being Laws 2005, Chapter 301, Section 4 and Laws 2005, Chapter 305, Section 4) is amended to read:

"10-7B-6.1. SMALL EMPLOYER HEALTH CARE COVERAGE.--

A. The director may enter into an agreement with a small employer to voluntarily purchase health care coverage offered pursuant to the Group Benefits Act for persons and dependents eligible through the small employer.

B. The director may enter into agreements with an association, cooperative or mutual alliance representing small

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1 employers to provide outreach and assistance for small
2 employers to voluntarily purchase health care coverage offered
3 pursuant to the Group Benefits Act for persons and dependents
4 eligible through the small employer.

5 C. The director shall only permit voluntary
6 purchase of health care coverage by small employers if the
7 small employer has not offered health care coverage to persons
8 and dependents eligible through a small employer for a period
9 of at least twelve months prior to enrollment in the coverage
10 offered pursuant to the Group Benefits Act; provided, however,
11 that the waiting period in this subsection shall not apply to a
12 person having nonprofit status that employs an average of fifty
13 or fewer persons over a twelve-month period.

14 D. A separate account shall be maintained for small
15 employers that voluntarily elect to purchase health care
16 coverage offered pursuant to the Group Benefits Act to provide
17 separate accounting, payment and private funding of health care
18 coverage for small employers. The funds in the small employers
19 account shall be maintained separately in actuarially sound
20 condition as evidenced by an annual written certification of a
21 qualified actuary, including verification that the premiums
22 charged are actuarially sound in relation to the benefits
23 provided. This certification shall be filed with the
24 superintendent of insurance."